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75/01

(6/07/2009)

Irving N Felt
 Hoffman & Baron
 6900 Jericho Turnpike
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Karen DeSalvo	(Depositor's name)
	(Signature)
July 2, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/539,911	06/16/2005	Eric Dietrich	1325-SPCT/US	8413

TITLE OF INVENTION: FLUID COOLING SYSTEM, COOLED FLUID DISPENSER COMPRISING THE LATER, AND METHODS FOR STERILIZATION THEREOF

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
unprovisional	YES	\$755	\$300	\$0	\$1055	07/07/2009

EXAMINER	ART UNIT	CLASS/SUBCLASS
TAPOLCAI, WILLIAM E	3744	062-434000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/147, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Hoffman & Baron, LLP 2 Irving N. Felt 3
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3. ASSIGNEE: NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

DIEAU S.A.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

63118 Cebazat, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies 10	4b. Payment of Fee(s). Please first reuply any previously paid issue fee shown above <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2461 (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above)
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Authorized Signature

Date July 2, 2009

Typed or printed name

Irving N. Felt

Registration No. 28.601

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